

MISSOURI DEPARTMENT OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

62-049413

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 21

Primary Registration District No. 3012

Registrar's No. 139

FILED JAN 28 1963

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Clay		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Clay	
b. CITY (If outside corporate limits, give TOWNSHIP only) Excelsior Springs		c. CITY OR TOWN Excelsior Springs	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) 724 Magnolia		d. STREET ADDRESS (If outside, give location) 724 Magnolia	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Zelma Middle Evelyn Last Reynolds		4. DATE OF DEATH Month Dec Day 30 Year 1962	
5. SEX Female	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 7/26/1908
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home	9. AGE (last birthday) 54
11. BIRTHPLACE (City and state or country) Bogard, Missouri		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME John Smithpeter		13b. MOTHER'S MAIDEN NAME Cora Powers	
14. NAME OF HUSBAND OR WIFE Earle C Reynolds, Sr		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes <input type="checkbox"/> or unknown) no (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO. 8		17. INFORMANT Earle C Reynolds, Sr, Ex. Spgs, Mo	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Massive cerebral hemorrhage Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Chromophobe adenoma of the pituitary DUE TO (c) 		INTERVAL BETWEEN ONSET AND DEATH a day sev. years	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Oct- 1959 Operated- craniotomy, right frontal lobe- biopsy of pituitary tumor		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m. 	Month, Day, Year 	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION Excelsior Springs, Mo.	
20g. COUNTY Clay		20h. STATE Missouri	
21. I attended the deceased from October, 1959 to Dec. 30, 1962 and last saw her alive on Dec. 30, 1962		Death occurred at 7:30 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE M. D. (Degree or title)		22b. ADDRESS Excelsior Springs, Mo.	
22c. DATE SIGNED 1/3/63		23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
23b. DATE 1/2/1963		23c. NAME OF CEMETERY OR CREMATORY Oak Hill	
23d. LOCATION (City, town, or county) Carrollton, Missouri		23e. DATE RECD. BY LOCAL REG. 1-2-63	
23f. REGISTRAR'S SIGNATURE Baroline Hutchings		24. FUNERAL DIRECTOR Prichard Funeral Home, Ex. Spgs, Mo	

JAN 28 1963

Permit issued, 2/30/62 to L. H.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Ralph Van Ledingham

Licensed Embalmer No. 4009
Charles H. Hines, Inc.
Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.